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ABSTRACT

Where mental health administrators used to rely on subjective judgments of senior clinicians to evaluate the effectiveness of mental health services, they now rely more on a quality assurance (QA) plan. The primary motive for undertaking a QA program should be better service. QA may start out being very expensive in terms of personnel and programming, but it will eventually result in savings for the facility. Efforts must be made to gain the commitment of staff, management, and board members because QA may uncover problems which are personally threatening but which must be resolved. The understanding that problems discovered will not be reasons for firing of staff is especially important. Quality assurance starts with writing a professional services plan and answering basic questions about the organization. As the last part of the professional services plan, QA ties the disparate operations together by monitoring, identifying problems, and offering solutions. The QA plan itself can be formulated by comparing the elements of the Joint Commission on Accreditation of Healthcare Organizations model plan to the same elements at the reviewed facility. Six basic QA activities guide an evaluation of the facility's functioning: clinical privileging, utilization review, individual case review, program evaluation, staff development, and patient care audit. (ABL)

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Quality Assurance: Administrator's Panacea or Pandemonium

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One task common to all mental health administrators - evaulating the effectiveness of services - has changed dramatically in the last decade. Where administrators used to rely heavily on the subjective judgments of senior clinicians, they now have a quality assurance plan, a guidebook often written by staff for its own facility containing generic concepts, carefully-worded definitions, specified behaviors, and statistics. Whether this form of evaluation is an administrator's panacea or just a new kind of pandemonium is the topic we address in this paper. To better illustrate how quality assurance (QA) works, we offer the example of the Devereux Center in Georgia, a specialized psychiatric hospital for adolescents in Kennesaw, Georgia. We weight the advantages and drawbacks of QA and offer our own suggestions for implementing a successful program.

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First surfacing in industry and adopted soon after by general hospitals, the concept of accountability - delivering the product or service you said you would deliver - has been embraced by many health facilities. In the mental health arena, accountability is put into practice by QA. Because of its origins in industry and hospitals, it is important to note that when QA was embraced by psychiatric treatment centers, it took a unique form. This was because the products of industry and hospitals and the products of such centers are quite different.

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In industry, the product works or it doesn't. In the general hospital, the patient survives and improves or is referred to the mortality committee. However, the product of a psychiatric center - improved emotional and behavioral functioning - is nebulous and abstract. This inexactitude of outcome makes its practitioners less accountable. Yet, because it is a generally-accepted credo that effectiveness must be objectively determined, the treatment center develops constructs, global in nature but facility-specific in content, to evaluate its standards of practice. QA is the systematic development of such constructs.

For example, a global construct common to QA efforts is risk management. Risk management may be carried out in many ways depending upon the facility's resources, environment, population, and uniqueness. An earthquake procedure for a California program would not be relevant in Florida, yet each facility's safety program addresses the global construct of risk management and interprets it to fit its needs. At the Devereux Center in Georgia, a catfish pond with a resident snake population poses peculiar safety dilemmas. Staff must be trained to give first aid for snake bites and for catfish fin punctures and provide sufficient supervision for patients to boat safely on the pond.

What is Quality?

Let us assume that a treatment facility wants to launch a QA program. Where does it start? To judge the effectiveness of services using global constructs and facility specific methods first requires a universalistic understanding of the concept of quality in a psychiatric facility. In the 1987 Consolidated Standards Manual of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), quality is defined as the "degree of adherence to generally recognized contemporary standards of good practice and achievement of anticipated outcomes for patient services, procedure, diagnoses or clinical problem" (1).

Before the facility commits the resources and manpower essential to develop a comprehensive QA program, it is wise to evaluate the motive for doing so. If the underlying motive is to expand accreditation and increase client reimbursement, it is highly likely the program will be ineffective. As one health care professional put it, "Quality assurance is the conscience of the health care industry" (2). In essence, a sound QA program will identify problems that will require not only professional but financial responsiveness. We begin, then, with **suggestion #1: The primary motive for establishing quality assurance is better service.**

The facility's board of directors and senior management should be aware that the quest for quality will be expensive initially. It will place heavy demands on the facility for greater expertise, increased personnel, and possible computerization and other equipment. Despite this, QA in the long run will mean a cost savings to the facility as a result of greater accountability, reduced litigation, and the strategic deployment of resources that monitor clinical and administrative functions. Ultimately, the facility's improved professional and community stature provides the basis for program perpetuation and increased referrals. This leads us to **suggestion #2: Quality assurance will be costly at the beginning, but will eventually save money.**

Perhaps even more than fiscal considerations, the greatest requirement of quality assurance and the hardest to achieve is commitment at every personnel level including the board. In particular, clinicians find the concepts associated with quality assurance foreign to their background and training (3). The results of an introspective study may be less than favorable, and the individual, department or service so scrutinized must be amenable to change. There cannot be sensitivity or defensiveness to the findings of a quality assurance undertaking. The underpinning of a successful program exists within the attitudes of the facility's employees and their commitment in toto to the improvement of their program. In such an environment, the identified problem is owned by the employee, service or department. The

ownership of the problem, however, also allows ownership of the resolution of the problem and the right of the employee, service, or department to the praise and rewards associated with its resolution. Thus, we offer **suggestion #3: Staff must be fully committed to quality assurance because it will reveal problems which may be personally threatening but must be remedied.**

Problem ownership and resolution at the subordinate level does not preclude responsibility and responsiveness at the senior management and board level. Problems do not disappear just because we have identified them. It is essential that board members and senior management cooperate and encourage staff to accept and work out problems. We have found that the most helpful mechanism for fostering responsiveness and commitment of resources is familiarizing board members and senior staff with QA activities and educating them about the array of identified problems and their proposed solutions. Our recommendation for gaining the trust and involvement of the "higher up's" is **suggestion #4: Keep your board and senior staff well informed.**

All too frequently, negative findings from QA studies result in the senior management or board members "redflagging" a program and its personnel as a "problem program." Ideally, however, they should instead view favorably the commitment of a program to openness, self-scrutiny, growth, and positive change. Quality assurance cannot be construed as a "witch hunt" nor an altruistic panacea, but rather must be a facility-specific, pragmatic device designed to improve the quality of care provided to the patient population by program monitoring and problem resolution. We offer **suggestion #5: Adverse findings are opportunities for improvement, not reasons for firing staff or terminating a program.**

Mission Leads to Philosophy Leads to a Professional Services Plan

To initiate any plan requires base data. This is no different with quality assurance. To began a quality assurance program, one must first ask, "What do we do? What is our fundamental activity, our driving force? In answering this question, we acquire our mission statement. For instance, the Devereux Center in Georgia answered the question in this way:

> The Devereux Center in Georgia, under the Devereux Foundation, provides a continuum of treatment services for moderately to severely disturbed children and adolescents from the most to least restrictive treatment environments. The most salient characteristic of the treatment delivery system is the multidisciplinary approach which integrates an individualized treatment plan tailored to each patient with a milieu structure that fosters socially appropriate and self-enhancing behaviors.

After defining the mission, we then ask, "Why do we do it the way we do?" i.e., what is our program's philosophy? When we can answer this question, we have established a facility-specific philosophy. Here we summarize the philosophy of the Devereux Center in Georgia:

> Residential treatment must be planned and structured. Authority must be used therapeutically. We appeal to the healthy aspects of the personality rather than emphasizing the difficulties. Group living should aid and enhance the development of the individual. We must have a positive impact on the child through identification and we need to safeguard the therapeutic interaction between child and staff. Mental health disciplines are fully integrated for the benefit of the child. Finally, community atmosphere should provide a sense of security for all.

Having established this philosphy statement, we then ask, "How do we address our mission, utilizing our philosophy?" This answer becomes our professional services plan. This plan addresses all aspects of the psychiatric treatment facility. In

developing the Devereux Center's plan, we developed the outline shown in Table 1.

Table 1 about here

The placement of quality assurance within the outline of the professional services plan indicates its significance. Quality assurance brings it all together and "objectively and systematically monitors and evaluates the quality and appropriateness of patient care, pursues opportunities to improve patient care, and resolves identified problems" (4). Thus, we offer **suggestion #6: From answering fundamental questions about who we are and what we want to accomplish, we develop a master plan for professional services. QA is based on the plan and is an integral part of it.**

Requirements and Components of a Quality Assurance Plan

The quality assurance plan is a description of the structures and functions that are used to maintain and enhance the quality of administration, treatment, safety, and security. It is an outline or blueprint for building accountability and setting standards throughout the organization. It is both a data-based and an experientially based model, modified and updated from internal sources such as audits, incident reports and clinical experience, and from external sources such as accrediting bodies, journal articles, and licensure regulations.

The JCAHO recommends that five elements be included in the plan: 1) a statement of purpose, 2) a statement of the scope of the program, 3) a description of how the program will be administered and coordinated, 4) a description of how the program will assess quality of care, and 5) a description of how the QA program will be evaluated (5).

As with the example of the professional services plan described above, the QA plan should begin with a statement of purpose, which is the written commitment of the organization and all of its staff to the concept of quality assurance. The second element, the scope of the program, defines its breath and depth in relation to the organization and includes an organizational chart showing how QA activities can be mapped. The third element, a description of the administrative coordination of the QA plan, will designate those committees, departments, and individuals responsible for specific functions as well as a description of those functions.

The fourth element, assessing quality of care, necessitates four major activities.

- Developing effective methods for identifying problems, both in terms of clinical oversight and reliable and valid techniques.
- Assessing the cause and extent of problems. How much of the organization is affected? How severe is this impact in critical or key areas? Are the problems resolvable under current circumstances? The answers to these questions will determine whether or not we will act on these problems and where they stand on our list of priorities.
- Implementing activities to correct problems. What should be done? Who is responsible for doing it? Who is responsible for supervising those actions?
- Monitoring the results of our actions. Has the problem been resolved to our satisfaction? Has the change been maintained over a time?

The fifth and last major element of the QA plan is the description of how the overall plan itself is evaluated. Table 2 is an outline derived from the QA guide of JCAHO for evaluating a QA plan (6). Our experience in working with a standard format is summarized in **suggestion #7: Your answers to the standard format for a QA plan become your individualized QA plan.**

Table 2 about here

What are quality assurance activities?

For the purpose of JCAHO accreditation, there are six basic QA activities. Whether or not compliance with JCAHO standards is at issue, the description of these activities can assist any oranization in developing its own set of QA activities. The basic activities are clinical privileging, utilization review, individual case review, program evaluation, staff development, and patient care audits.

Clinical privileging: Treatment Programs need to delineate clinical privileges to all of their treatment staff. What credentials and specific skills does each of our clinical staff need to do his or her job? How often do these skills need to be reviewed and updated?

Utilization review: How efficient are we in using our resources, including land, labor, and capital? Are we admitting people who can benefit from our program? Are we treating them for an appropriate amount of time? Are support services adequate for the number of clinical services we render? De we use our space efficiently?

Individual case review: We must have mechanisms to review each of our treatment plans to insure that they are updated and carried out. We must insure mechanisms are in place to guarantee that every client receives the same quality of service and that the agency is fulfilling its commitment to provide the services it contracted to provide on the patient's treatment plan.

Program evaluation: Programs are required to have a written statement of the organization's goals and objectives, both within and across programs, as well as for support services in the program evaluation component. We must assess the extent to which we accomplish what we say we do.

Staff Development: The organization must document its investment in its employees and clients by offering orientation and training programs designed to provide knowledge and teach skills necessary to meet the needs of the service population, particularly those identified by other QA activities.

Patient care audit: The organization must demonstrate that it performs patient care audits to evaluate services. This takes the form of aggregate data used to determine if services are appropriate, safe and timely. Some examples might include the use of restraints, use of psychotropic medication, and the summary of patient care monitoring activities (in which provider reviews unusual circumstances in patient care).

In thinking about the JCAHO standards, we offer **suggstion #8: Use the six basic QA activities as a road map for the overall evaluation of your facility's functioning.**

Individualized Quality Assurance Plans

Having reviewed the basic requirements of a quality assurance plan, let us now address how one can develop a plan to reflect the unique characteristics of any organization. Illustrations are from the Quality Assurance Plan we developed for the Devereux Center in Georgia. We have chose to comply with all of the six basic quality assurance activities as defined by JCAHO.

We have structured these activities according to the following components:

The Credentialing and Privileging Process at our center assures both the qualifications and competency of all direct service staff irrespective of discipline or level of expertise. The goal is that each employee has both the educational background and skills required to fulfill his or her job description. The Executive Com-

mittee of the Professional Staff oversees this function.

Our *Staff Development Program* is based upon the identification of needs from a variety of sources including the Quality Assurance Committee, Utilization Review Committee, Safety Committee, Infection Control Committee, and an annual survey of all staff. The goal of Staff Development is to provide training for both problem-specific and skills-specific behaviors to address the needs of our residents. At our center, training has focused on such problems as sexual abuse, the physically aggressive client, therapy termination, and such skills as stress management, CPR, and group leadership techniques.

Our *Utilization Review Process* addresses the allocation of the facility's resources and monitors appropriateness of admission, continued stay, discharge planning, and support services. *Safety* is monitored by a committee which establishes rules and practices to enhance safety and security within the facility and on its grounds. This process is also referred to as "risk management."

Each and every unusual case noted by any clinical or direct service staff is reviewed through a process called *Patient Care Monitoring*. The staff may request review of a resident based upon such variables as danger to self or others, physical aggression, or limited progress in the program. The committee responsible for this function then reviews the resident's file, particularly the Treatment Plan and progress notes, and offers recommendations and/or orders for changes in the Treatment Plan.

The final task essential to our operation is *Infection Control*. This function is monitored by a committee which reviews all cases of infectious disease, including the treatment and outcome, and all support activities which prevent or reduce the outbreak of infectious disease.

A QA program that conforms with the organizational structure of the center and is acceptable to management is essential in performing the above tasks, not only to avoid costly duplication of oversight functions, but also to make it much easier to establish and maintain lines of authority. Thus, it is important to review any organizational plan to determine which units already in existence can perform QA functions and what new committees need to be formed. Once it has been determined which committees can perform which functions, it is necessary to insure the QA structure addresses the issue of scope, that is, does QA reach all levels of the organization? Does it address all clinical functions?

Table 3 about here.

In Table 3, we present the outline of our QA plan. We provide our last **suggestion #9: Using QA, your facility can systematically discover its own strengths and weaknesses.**

Conclusion

We summarize our experience with QA by reviewing the suggestions we offered throughout this article. The primary motive for undertaking a QA program should be better service. In the beginning, QA is very expensive in terms of personnel and programming, but will eventually result in savings for the facility. Every effort must be made to gain the full commitment of the staff, management, and board members because QA will uncover problems which may be personally threatening but must be resolved. Especially important for staff is the understanding that problems discovered during the process will not be used as reasons for firing.

QA starts with writing a professional services plan, an overall look at all operations at the facility. This plan is written by methodically answering basic questions about who we are and what we want to accomplish. QA is the last element of

the professional services plan, tying the disparate operations together by monitoring them, identifying problems, and offering solutions. The QA plan itself can be formulated by comparing the elements of the JCAHO model plan to the same elements at your facility. Answers to the JCAHO plan become the facility's plan. Six basic QA activities comprise a guide to an overall evaluation of the facility's functioning: clinical privileging, utilization review, individual case review, program evaluation, staff development, and patient care audit. To assist in understanding this process, we described our experience at the Devereux Center in Georgia in developing our own QA program.

A sound QA program can be a major support tool for management. But its many components and complexities have the potential to create pandemonium. Staff attitude, management support and resources, and organization must exist if pandemonium is to be avoided. We are not advocating quality assurance as a "cure all." But understanding your program's assets and deficits and managing them accordingly is as close to a panacea as an administrator will get.

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(3) McCormick, R.A. & Ramirez, L.F., *Clinical Handbook of Quality Assurance* (Hudson, Ohio: Quality Assurance Associates, 1984).

(4) Joint Commission on Accreditation of Healthcare Organizations, *op. cit.*, p. 137.

(5) Kaplan, K.O., Hopkins, J.M. & Longabaugh, R., *Quality Assurance Guide for Psychiatric and Substance Abuse Facilities* (Chicago: Joint Commission on Accreditation of Healthcare Organizations,1981), pp. 27-29.

(6) *Ibid.*

Table 1

Outline of Professional Services Plan

I. **Facility Mission**

II. **Description of Population Served**

III. **Philosophy of Treatment**

- A. Criteria for Admission
- B. Evaluations
- C. Behavior Management/Level Systems
- D. Relationship of Treatment Teams/Committees

IV. **Goals**

- A. Administrative
- B. Departmental/Service
- C. Treatment

V. **Credentialling and Privileging of Professional Staff/Role of Executive Committee**

VI. **Admissions/Intake Processes**

VII. **Treatment Planning and Review**

VIII. **Service Descriptions**

IX. **Program Descriptions**

X. **Quality Assurance Program**

Table 2

Questions Designed to Assist in the Evaluation of a Quality Assurance Plan

I. **Scope and Integration**

   A. Are all disciplines that provide patient care represented in QA activities?

   B. Who is responsible for the administration and coordination of the overall QA program?

II. **Problem Identification**

   A. What activities and data sources are used to identify problems?

   B. Who conducts each of these problem identification activities?

   C. How frequently is each activity conducted and reported?

   D. To whom is each activity reported, and how is the information used?

III. **Priority Setting**

   A. Who sets priorities for problem assessment and resolution?

   B. Is there a mechanism for periodically updating priorities?

   C. If priorities are not set centrally within the hospital, but rather on a departmental basis, is there a mechanism for central review and approval?

IV. **Problem Resolution**

   A. Who is responsible for implementing action or resolution?

   B. To whom are monitoring results reported?

V. **Problem Monitoring**

   A. Who is responsible for monitoring problem resolution?

   B. To whom are monitoring results reported?

VI. Evaluation

A. How frequently is the program evaluated?

B. Who conducts the annual evaluation?

C. Through what mechanism is the program evaluated?

D. To whom are the results reported?

Table 3

Outline of a Quality Assurance Plan

I. **Purposes**

II. **Principal**

III. **Components**

IV. **Quality Assurance Definition**

V. **Authority and Responsibility**

VI. **Composition of the Quality Assurance Committee**

VII. **Scope of the Quality Assurance Program**

VIII. **Communication**

IX. **Data Sources**

X. **Problem Resolution Process**

- A. Problem Identification
- B. Problem Assessment
- C. problem Correction
- D. Problem Correction Monitoring

XI. **Program Evaulation**

XII. **Documentation of Responsibilities**

III. **Evaluation Frequency**

IV. **Revision of the Quality Assurance Plan**